

**UTILITY APPLICATION**

Attorney Docket No.: GVANS.001C1

First Named Inventor: VanSkiver, Greg J.

Title: HINGED THERAPEUTIC MOUTHPIECE

Express Mail Label No.:

**Direct all correspondence to Customer No.: 20995**

Date: November 18, 2003

Page 1 of 2

**Mail Stop Patent Application**

United States Patent and Trademark Office

PO Box 1450

Alexandria, VA 22313-1450

The following enclosures are transmitted herewith to be filed in the patent application of:

Inventor(s):

1. VanSkiver, Greg J.

2. VanSkiver, Roxanne R

**APPLICATION ELEMENTS:**

(X) Specification in 20 pages.

(X) Application Data Sheet.

(X) Information Disclosure Statement.

(X) Drawing in 3 sheets.

(X) Declaration by Inventors in pages.

- Copy from parent application
- Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- Examiner in prior application: Johnson III, Henry M.
- Group Art Unit of prior application: 3739

**OTHER APPLICATION PARTS:**

(X) Return prepaid postcard.

**FILING FEES:**

The present application qualifies for small entity status under 37 C.F.R. § 1.27. The fees are calculated below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Basic Utility		2001 (\$385)		\$385
Non-English Spec.		1053 (\$130)		\$0
Recordation Fee		8021 (\$40)	0 x 40 =	\$0
Excess Claims > 20	20 - 20 = 0	2202 (\$9)	0 x 9 =	\$0
Independent > 3	5 - 3 = 2	2201 (\$43)	2 x 43 =	\$86
Multiple Claim		2203 (\$145)		\$0
			<b>TOTAL FEE DUE</b>	<b>\$471</b>

(X) A check in the amount of \$471 to cover the Total Fee Due is enclosed.

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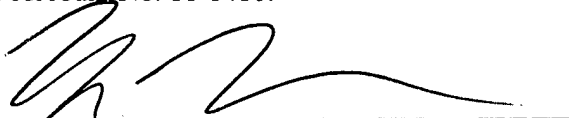
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Page 2 of 2

The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.



Rose M. Thiessen

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Attorney of Record

Customer No. 20,995

(619) 235-8550

*Rose M. Thiessen, Ph.D.*

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

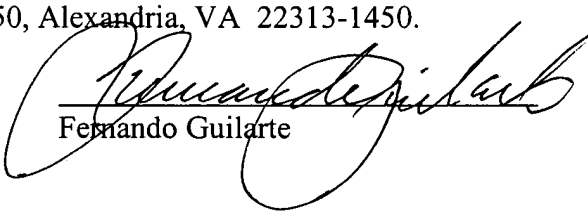
**CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

**Attorney Docket No.** : GVANS.001C1  
**Applicant(s)** : VanSkiver, et al.  
**For** : HINGED THERAPEUTIC MOUTHPIECE  
**Attorney** : Rose M. Thiessen  
**"Express Mail"**  
**Mailing Label No.** : EV 323 830 724  
**Date of Deposit** : November 18, 2003

I hereby certify that the accompanying

Transmittal letter; specification in 20 pages; 3 sheets of drawings; **SIGNED copy** of Declaration and Power of Attorney; Application Data Sheet; Information Disclosure Statement, PTO Form 1449 with references; Check(s) for Filing Fee(s); Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Fernando Guilarte

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